Approved for use through 06/30/2010. OMB 0651-0032

Telephone 703-205-8000

U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/814,198 Conf. No.: 6429 FEE TRANSMITTA Filing Date April 01, 2004 For FY 2009 First Named Inventor Kyoung Ro YOON Examiner Name G. Wendmagegn Applicant claims small entity status. See 37 CFR 1,27 Art Unit 2621 TOTAL AMOUNT OF PAYMENT (\$) 3449-0317PUS1 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: information on this form may beco public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING. SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Pald (\$) Fee (\$) Fee (\$) 330 Utility 165 540 270 220 110 Design 220 110 100 50 140 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 ٥ 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) ee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Total Claims Extra Claims Fee (\$) Fee Pald (\$) **Multiple Dependent Claims** 0 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 0 x 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) __ /50=_ 0 0 (round up to a whole number) x 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement Fee 180,00 SUBMITTED BY Registration No. 40953

Name (Print/Type) Esther H. Chong OCT 252010 Date This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the LISTY One could or instrument in Regulative year. In so, me sucremains a requirem to occur or return a benefit by the puese whom as to see upon a year.

LISTY One could not receive the regulative to the seed of the puese of the regulative to the seed of the puese of the regulative to the seed of the regulation of the

(Attorney/Agent)

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Signature